

Privileges for: Psychiatry - House Physician

Request

ST. ELIZABETH - EDGEWOOD

ST. ELIZABETH - FLORENCE

ST. ELIZABETH - FT. THOMAS

ST. ELIZABETH - GRANT CO (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval:

Board Approval:

DEPARTMENT APPROVAL

_____ Approved

_____ Disapproved

Department/Section Chair Signature

Date

MINIMUM REQUIREMENTS

Degree required: M.D. or D.O.

Successful completion of at least the second post-graduate year of an ACGME or AOA-accredited psychiatry residency.

PRIVILEGES REQUESTED

I. Core Privileges: Core privileges as Psychiatry House Physician include the care, treatment or services listed immediately below. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF CORE PRIVILEGES

ACCESS TO MEDICAL RECORDS:

Dictate/write history and physical *

Dictate/write progress notes *

Dictate/write patient notes *

* (All documentation, including orders, progress notes, history and physicals done by a Psychiatry House Physician must be cosigned by an attending/supervising psychiatrist)

ORDERS:

Establish treatment plans

Write orders (appropriate for level of training)

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Request

- _____ PATIENT CONTACT:
- Medical evaluation
 - Assess patients for diagnosis
 - Non-critical medical care
 - Milieu therapy
 - Psychotherapy
 - ___ Individual
 - ___ Group
 - Behavior modification therapy
 - Family therapy

 - _____ Alcohol and drug detoxification

Sponsoring Physician's Signature

Date

Applicants Signature: _____

Date: _____